

Name  
in  
Full

## CERTIFICATE OF DEATH

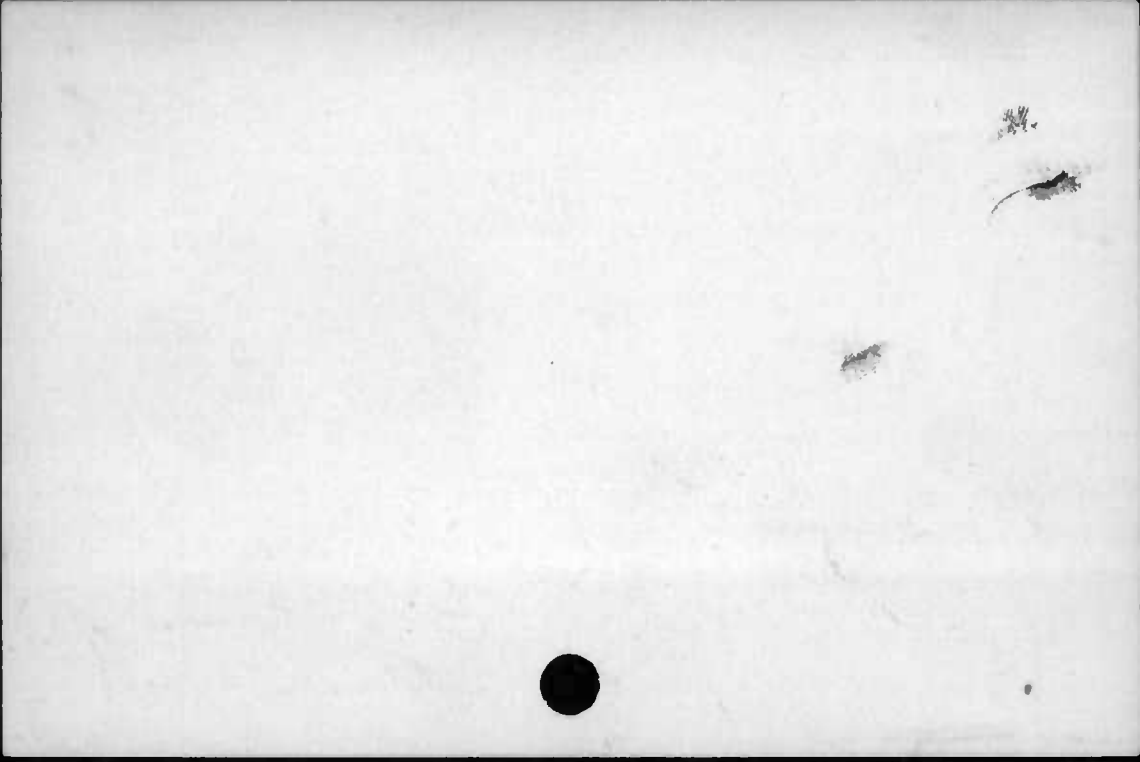
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND							
Date of death <i>1906</i>		Month <i>9</i>		Day <i>3</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>									
Occupation				Where Residing if not at place of death									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>John Adams</i>				Father's Birthplace <i>Annapolis Md</i>									
Mother's Maiden Name <i>Nannie Jones</i>				Mother's Birthplace <i>Annapolis Md</i>									
Name of person giving information <i>John Adams</i>				How related to deceased <i>Father</i>									

## CAUSES OF DEATH

Primary <i>Inanition</i>		How long <i>1 hour</i>	
Immediate <i>asthenia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>F. H. Thompson M.D.</i>	
		Address <i>Annapolis Md.</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER  
**1**



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John A. Addison* Town *Annapolis* County *Anne Arundel* **MARYLAND**

Died at *Annapolis*

Date of death **1906** Month *Sept* Day *3* Age *65* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Powers, Geo. Co.*

Occupation *Barman* Where Residing if not at place of death *31 Nash St.*

Married, Single or Widowed *Married* Name of Wife or Husband *Emily Addison*

Father's Name *Nathaniel Addison* Father's Birthplace *Prin Geo Co.*

Mother's Maiden Name *Elizabeth* Mother's Birthplace *Prin Geo Co.*

Name of person giving information *William Addison* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

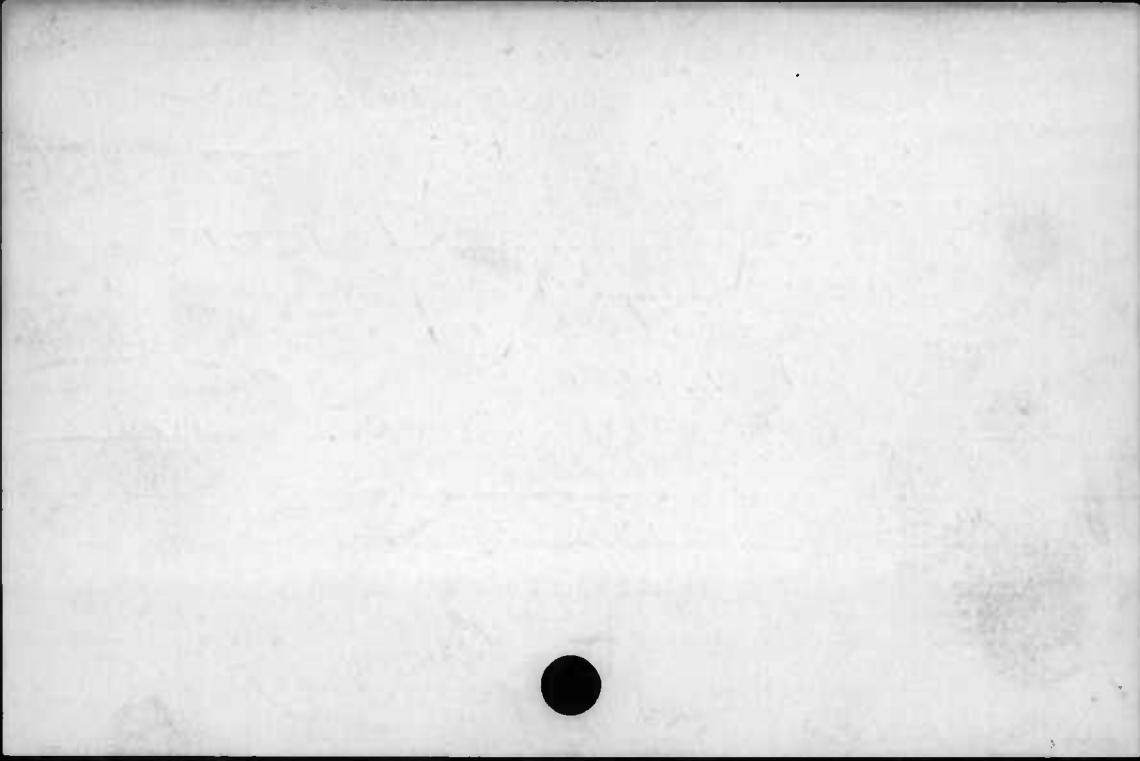
Primary *Chronic Nephritis* How long *Months*

Immediate *Exhaustion & Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Kidney M.D.* Address *Annapolis Md.*

Accident or Suicide?



Name  
in  
Full

Robert Thomas Alton

## CERTIFICATE OF DEATH

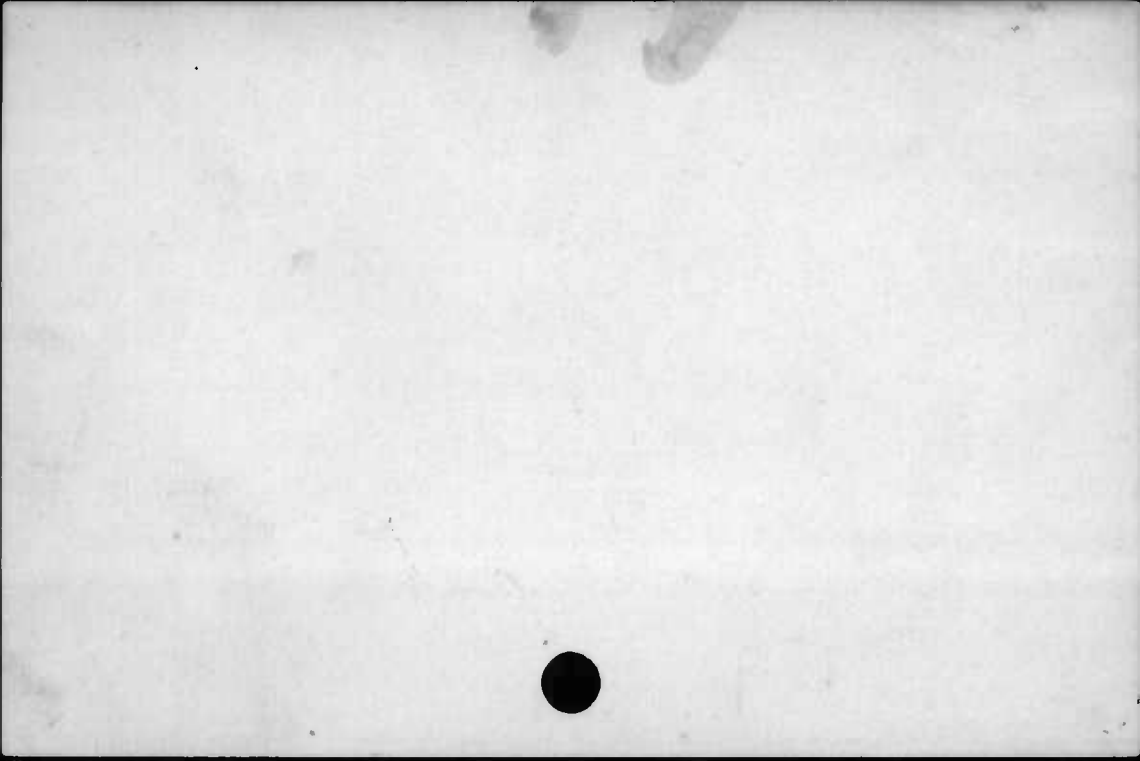
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bristol</i>			Town <i>Hann</i>		County <i>Hann</i>		MARYLAND	
Date of death	1906	Month	Sept.	Day	4	Age	68	Years
Sex	Male	Color or Race	Colored	Birth-place			<i>Hann Hann Co.</i>	
Occupation	<i>Hann laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed	Married			Name of Wife or Husband <i>Mary Susan Hutchins</i>				
Father's Name	<i>Robert Alton</i>					Father's Birthplace <i>A. A. 1884</i>		
Mother's Maiden Name	<i>Duckett</i>					Mother's Birthplace <i>A. A. B. 1884</i>		
Name of person giving information	<i>Mr. Susan Alton</i>					How related to deceased <i>wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Uremia</i>	How long	<i>5 days</i>
Immediate	<i>Convulsion</i>	How long	<i>1/20</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>Thos. W. Chaney</i>		
Address	<i>Chaney, Md.</i>		
Accident or Suicide?			



Name  
In  
Full

CERTIFICATE OF DEATH

Ralph Booth

County

MARYLAND

Died at

East Port

Date

of death 1906

Month

Sept

Day

17th

Age

Years

Months

Days

Sex

male

Color or  
Race

colored

Birth-  
place

East Port

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James Booth

Father's  
Birthplace

At Co.

Mother's  
Maiden Name

Lena Pinkney

Mother's  
Birthplace

At Co.

Name of person giving  
In formation

Father

How related  
to deceased

CAUSES OF DEATH

Primary

Erysipelas

How long

How long

Two days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John Ridout, M.D.  
Annapolis  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1





Name  
in  
Full

Samie L Chambers

CERTIFICATE OF DEATH

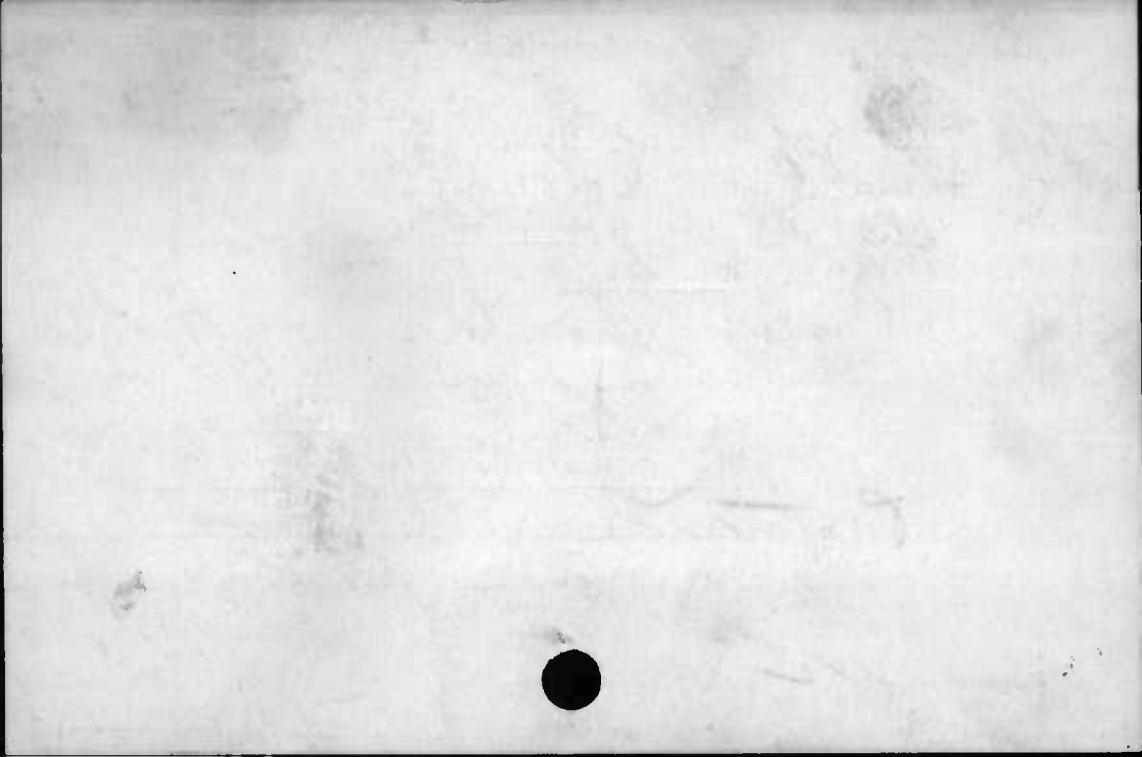
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
East Port		Port		Hill		MARYLAND	
Date of death	1906	Month	Sept	Day	21st	Age	5
Sex	Female	Color or Race	Colored	Birth-place	A A Co		
Occupation	Child			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Charles Chambers				Father's Birthplace	
Mother's Maiden Name		Louisa Brown				Mother's Birthplace	
Name of person giving information		Father				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	several weeks
Immediate	Pneumonia	How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout	
		Address	
		Annapolis Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Chas Edward Christen* Town *Brown* County *a*

Died at *Brown*

Date of death *1906* *9* Month *13* Day *38* Years *5* Months *5* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Painter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lelia Ellen*

Father's Name *Michael Christen* Father's Birthplace *Madison*

Mother's Maiden Name *Elizabeth Kinsley* Mother's Birthplace *Vergennes*

Name of person giving information *Lelia E Christen* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Pulmonary* How long *2 years*

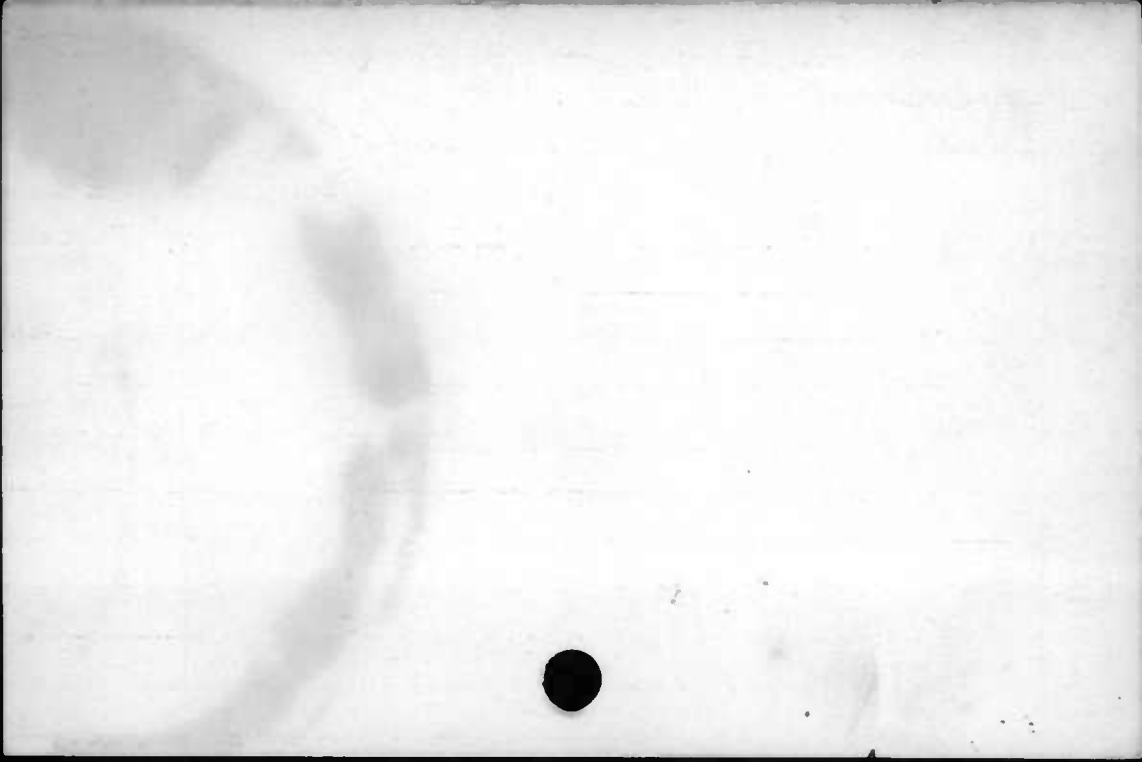
Immediate *Heart failure* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Arnold A. Clay* Town *Arnolds* County *Arnolds* MARYLAND

Died at *Arnolds*

Date of death 190 *6* Month *15* Day *15* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *Col.* Birth-place *Arnolds*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Weekly, Austin* Father's Birthplace *Arnolds*

Mother's Maiden Name *A. M. L. Clay* Mother's Birthplace *Arnolds*

Name of person giving information *Susan Wright* How related to deceased *Aunt*

## CAUSES OF DEATH

Primary *Congenital Lungs* How long *Since Birth*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above?

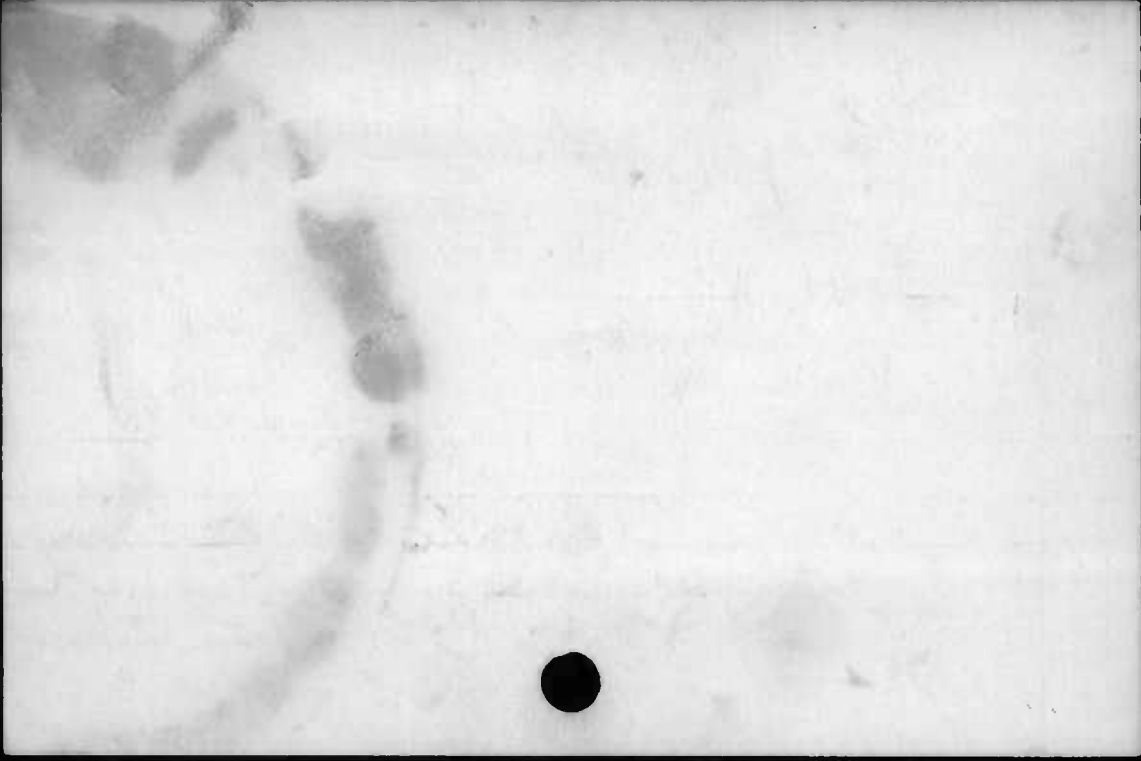
*Yes*

Signature of Physician *John Ridout* Address *Arnolds*

Accident or Suicide?

PHYSICIAN  
OR CORONER

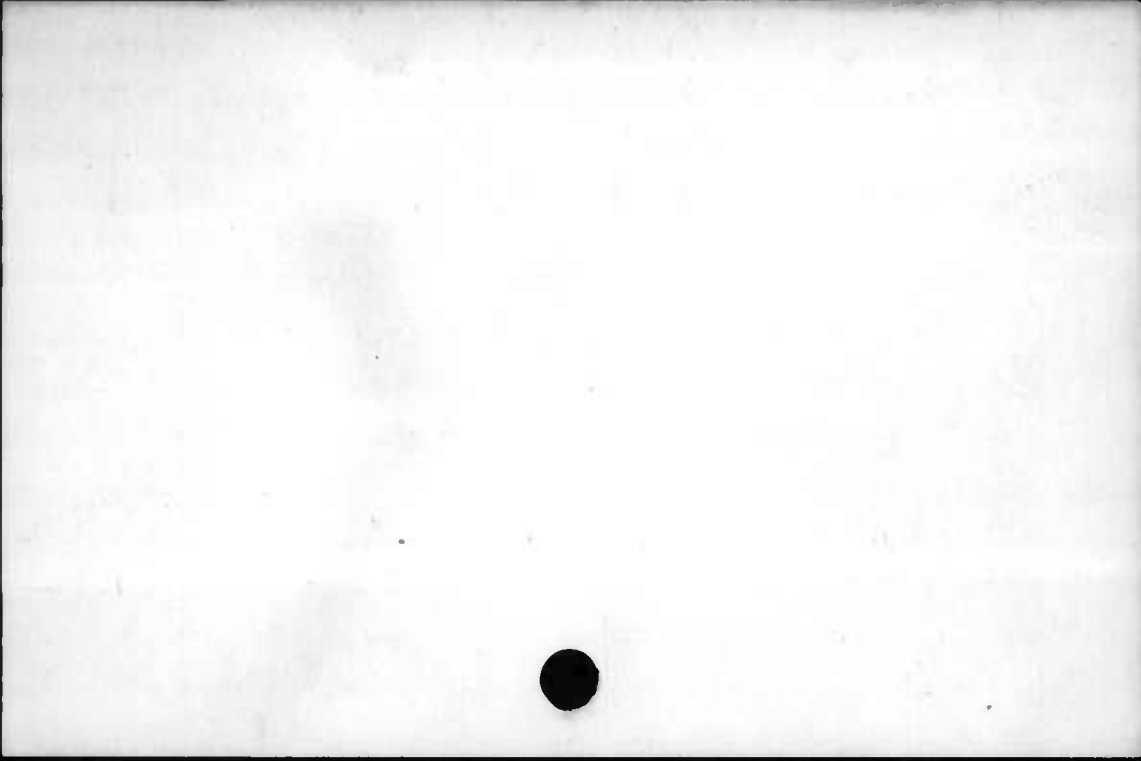
1



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Florence B. Gardner</i>		CERTIFICATE OF DEATH	
	Died at <i>Annapolis</i> <sup>Town</sup>		<i>aa</i> <sup>County</sup>	
	Date of death <i>1906 Sept.</i>		Month <i>1</i> Day <i>13</i> Age <i>1</i> Years <i>1</i> Months <i>1</i> Days <i>1</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place	
	Occupation		Where Residing if not at place of death	
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
	Father's Name <i>Marshall H. Gardner</i>	Father's Birthplace <i>Baltimore Md</i>		
Mother's Maiden Name <i>Dora Groves</i>	Mother's Birthplace <i>Annapolis Md</i>			
Name of person giving information <i>Marshall B Gardner</i>	How related to deceased <i>Brother</i>			

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Myocardial infarction</i>	How long	<i>7 min</i>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Murphy</i>	
			Address <i>Annapolis</i>	
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide?				





Name  
in  
Full

Barbara J. Gibson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McKendree,</i>		Town <i>Anne Arundel</i>		County		MARYLAND	
Date of death	1906	Month	Sept.	Day	24	Age	61
Sex	Female	Color or Race	White	Birth-place	Ind.	Months	Days
Occupation				Where Residing if not at place of death <i>Baltimore, Md.</i>			
Married, Single or Widowed	Married	Name of Wife or Husband	Richard Gibson				
Father's Name	Abelakiah Patterson			Father's Birthplace	Ind.		
Mother's Maiden Name	Anzelia Fowler			Mother's Birthplace	Ind.		
Name of person giving information	Muller Gibson			How related to deceased	Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of liver	How long	Several months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Perrie
		Address	McKendree, Ind.
Accident or Suicide?			



Name  
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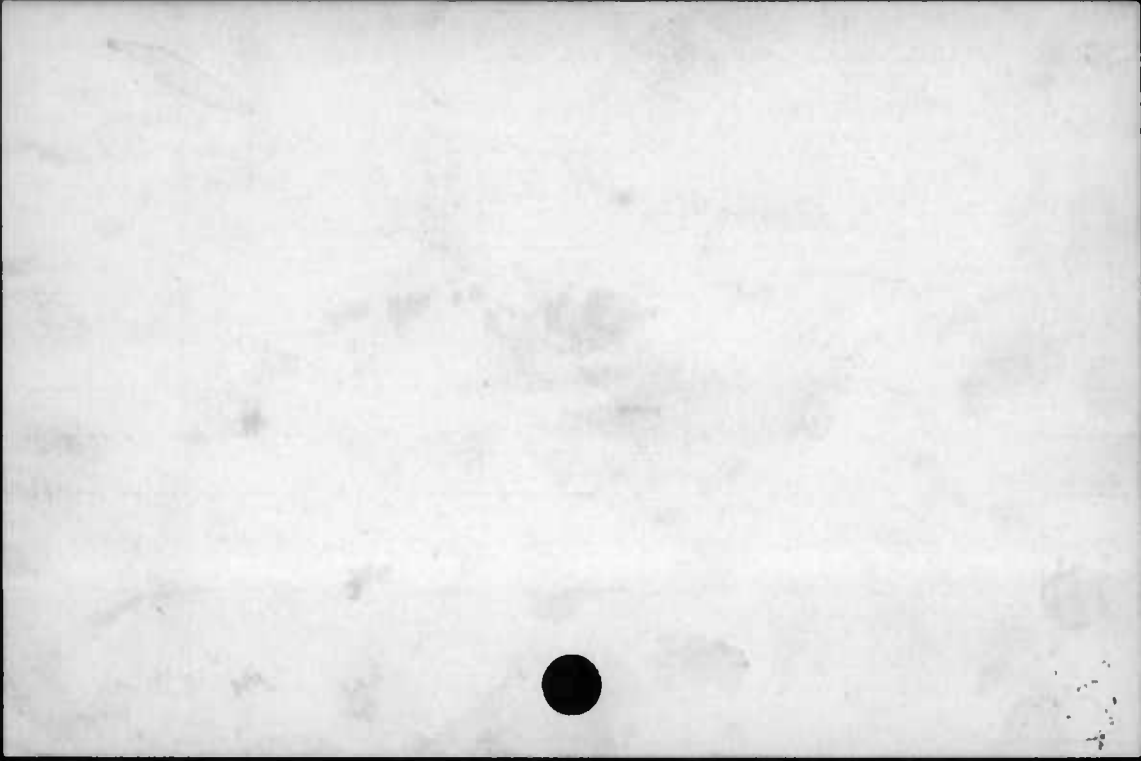
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis</i>		Town		County	
Date of death	1904	Month	Sept	Day	4
Sex	female	Color or Race	yellow	Age	—
Occupation	—		Where Residing if not at place of death	69 Calvary St	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Richard P. Goodwin		Father's Birthplace	Annapolis	
Mother's Maiden Name	Maggie Howard		Mother's Birthplace	Annapolis	
Name of person giving information	Mother		How related to deceased	1 1 1 1	

## CAUSES OF DEATH

Primary	<i>Marasmus</i>	How long	<i>Since Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout, M.D.</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Brooklyn* Town*A A* CountyDate of death *1906* Month *Sept*Day *28th*Age *18* Years

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*House work*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Charles E. Groth*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Sophie*Mother's  
Birthplace*New York*Name of person giving  
In formation*Sophie*How related  
to deceased*Mother*

## CAUSES OF DEATH

PHYSICIAN  
& CORONER

Primary

*Compensatory Heart Failure, Mitral Stenosis*

How long

*for years*

Immediate

*Paralysis of heart*

How long

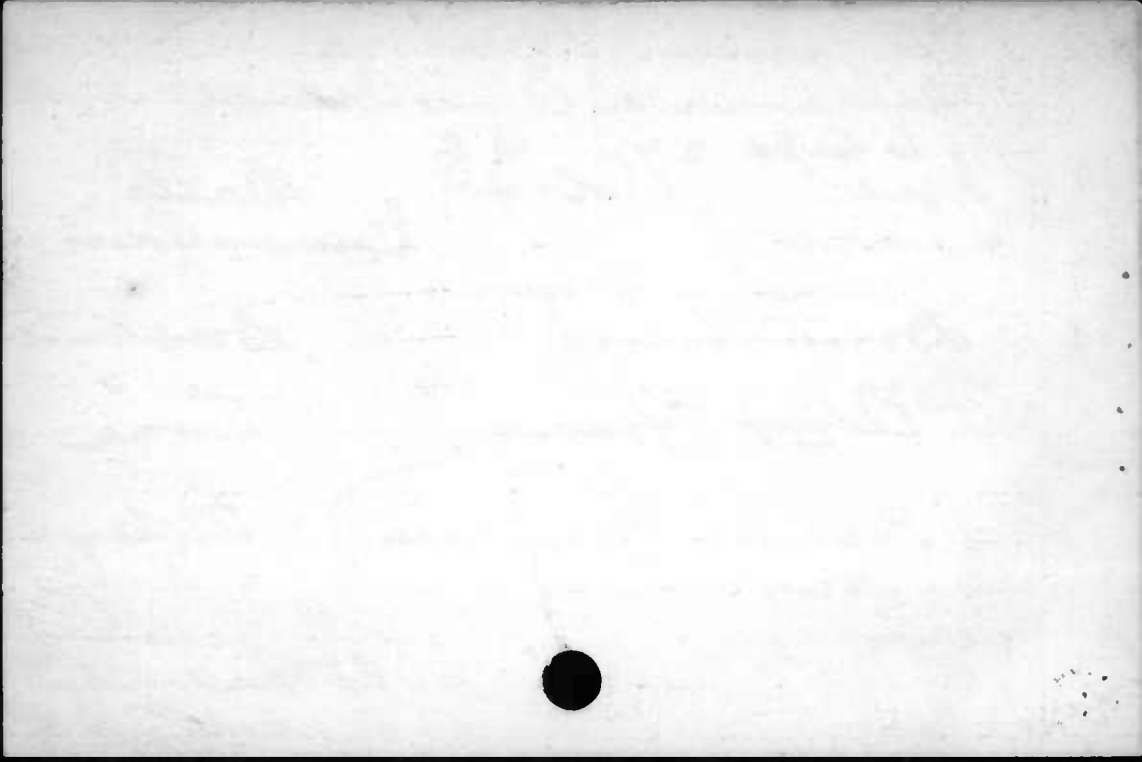
*last 24 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*F. J. Robinson*

Address

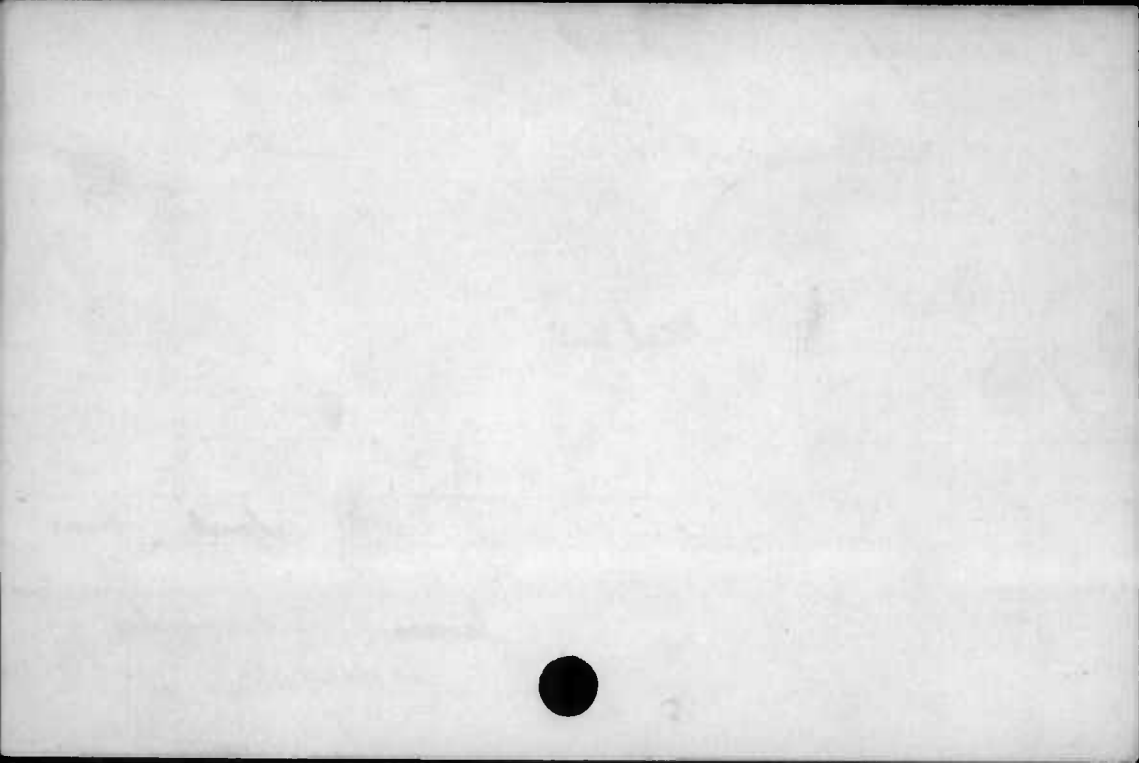
*Brooklyn Md*

Accident or Suicide?

*No*



Name in Full		Town				County				MAYLAND			
Benjamin Thompson		German Town				Anne Arundel				Died at			
Date of death		1906		Sept 27		Age 53		Months		Days		Died at	
Sex Male		Color of Race		Colored		Birthplace		Balls		Occupation		Laborer	
Married, Single or Widowed		Married		Name of Wife or Husband		Louise Thompson		Where Residing if not at place of death		German Town		Father's Name	
Father's Name		Dont Hunt		Father's Birthplace		Dont Hunt		Mother's Maiden Name		Elliot Thompson		How related to deceased	
Mother's Maiden Name		Elliot Thompson		How related to deceased		Son		CAUSES OF DEATH		Primary		Broncho. Pneumonia	
Immediate		Heart Failure		How long		2 days		How long		2 days		Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician		P. P. Keese		Address		60 Cathedral St		Annapolis Md.		Accident or Suicide?		No	





Name  
in  
Full

Mary Horkey

## CERTIFICATE OF DEATH

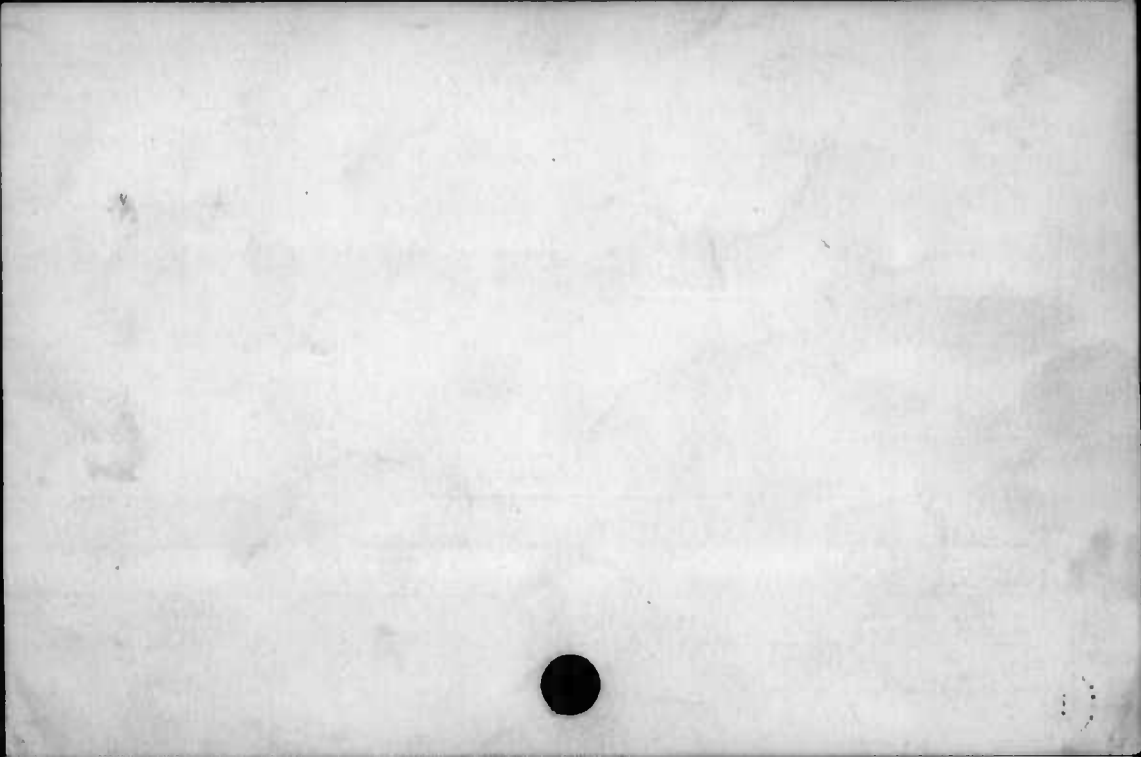
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Maynard's P.O. - 3rd dist. Anne Arundel</i>		Town		County		MARYLAND	
Date of death	1906	Month	Sept.	Day	29	Years	58
Sex	Female		Color or Race	White		Birth-place	Austria
Occupation	Housewife		Where Residing if not at place of death		202 N. Rose St. Baltimore, Md.		
Married, Single or Widowed	Widowed		Name of Wife or Husband		John Horkey		
Father's Name	Mel Kis		Father's Birthplace		Austria		
Mother's Maiden Name	X X X Smith		Mother's Birthplace		Austria		
Name of person giving information	Mrs. Ida Savers		How related to deceased		Daughter		

## CAUSES OF DEATH

Primary	Arterio-sclerosis	How long	about 1 year.
Immediate	Hemiplegia	How long	12 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James S. Billingsley.
		Address	Armiger.
Accident or Suicide?	X X		A. A. Co., Md.

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

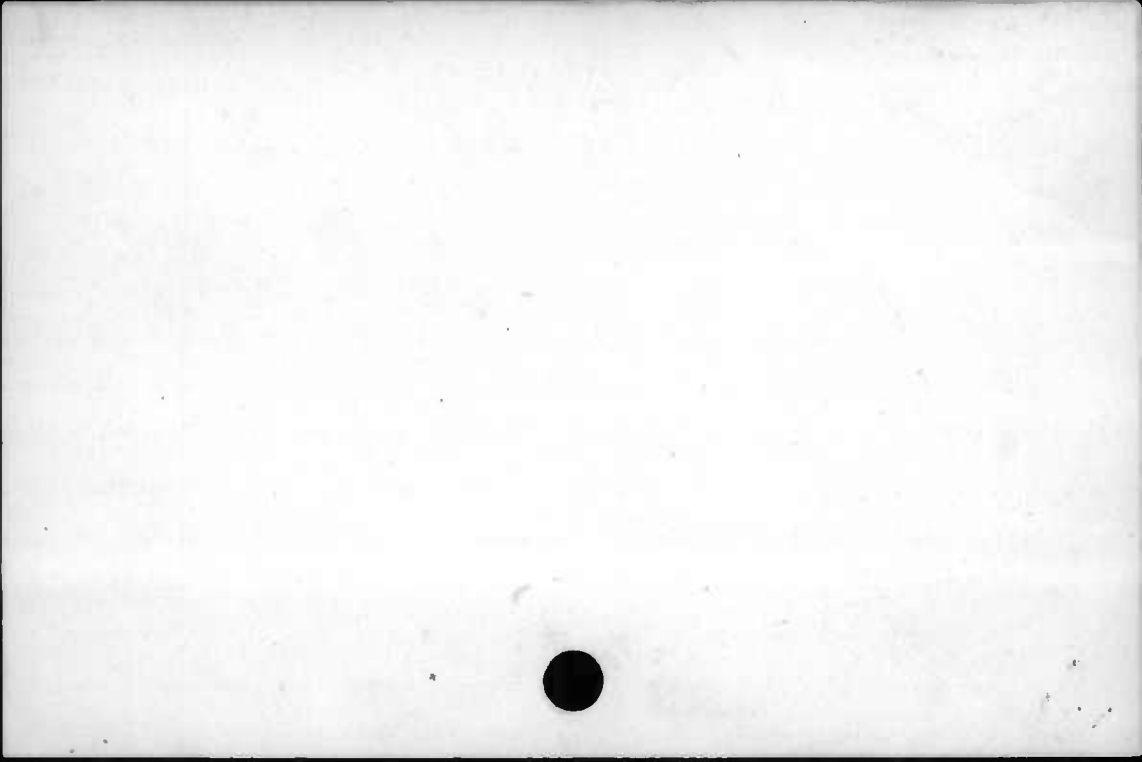
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John J. Hutchins</i>		Town <i>Friendship</i>		County <i>A. A.</i>		MARYLAND	
Died at <i>Friendship</i>		Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>25</i>	
Age <i>74</i>		Years <i>74</i>		Months <i>6</i>		Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co Md</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jane Hutchins</i>					
Father's Name <i>Francis Hutchins</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Susany Johnson</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>M. L. Hutchins</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	How long <i>50</i>	How long <i>Six months</i>
Immediate <i>Heart Failure</i>	How long <i>Several hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Brayshaw</i>	
	Address <i>Friendship</i>	
Accident or Suicide? <input checked="" type="checkbox"/>		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Isiah Jackson

Town

Revells

County

A a County

MARYLAND

Died at

Date

of death 1906 Sept

Month

Day

17

Age

Years

Months

2

Days

2

Sex

Male

Color or  
Race

Colored

Birth-  
place

A a county

Occupation

-----

Where Residing if not  
at place of death

Revells

Married, Single  
or Widowed

-- --

Name of Wife or  
HusbandFather's  
Name

Rafe Jackson

Father's  
Birthplace

A a County

Mother's  
Maiden Name

Lottie Brown

Mother's  
Birthplace

A a County

Name of person giving  
In formation

Rafe Jackson

How related  
to deceased

Father

## CAUSES OF DEATH

175

Primary

Loudam Poisoning

How long

10 hours.

Immediate

Respiratory Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Walton H Hopkins M.D.

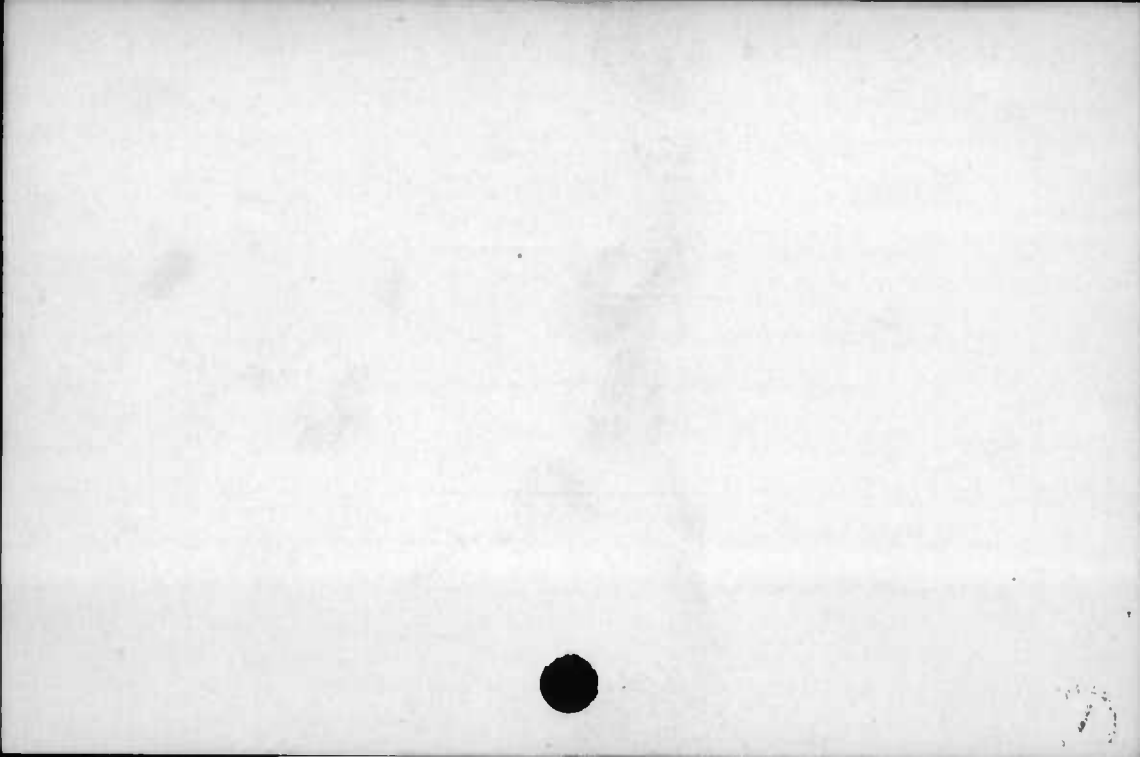
Address

Annapolis Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

1



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NEAREST FRIEND

MARYLAND

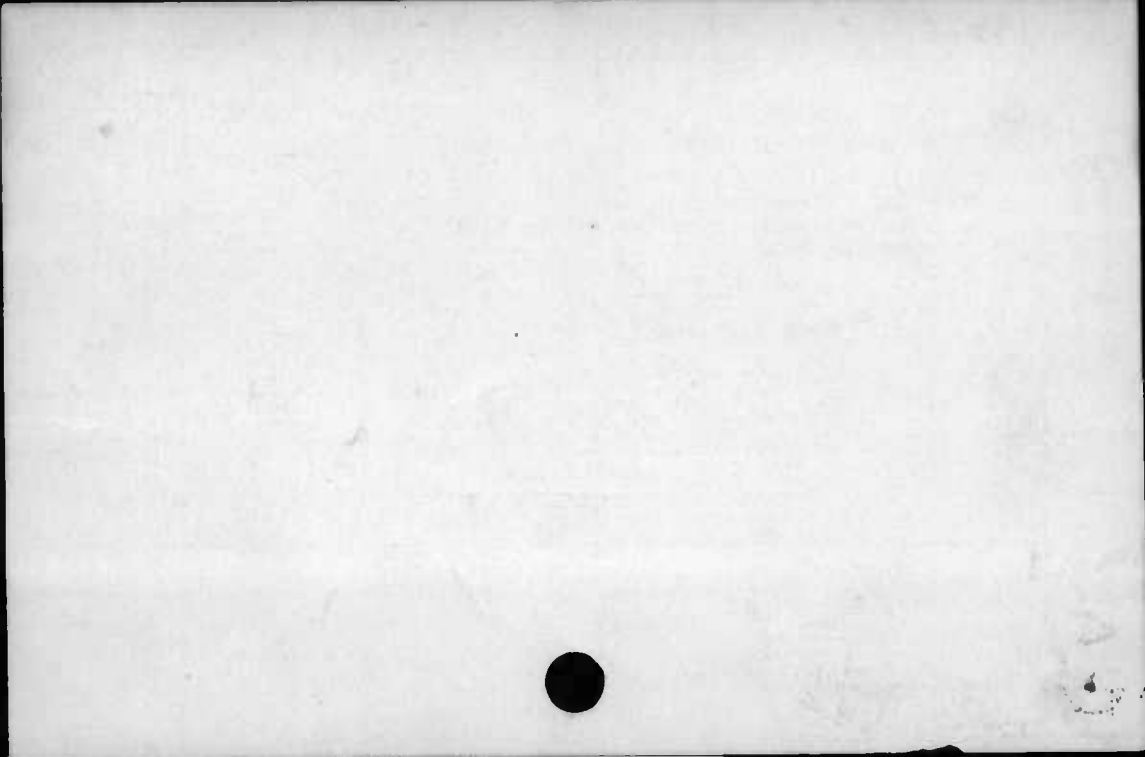
Died at <i>Santio</i> Town <i>Bag</i> County <i>a.a. Co</i>			
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>24<sup>th</sup></i>	Age <i>—</i> Years <i>—</i> Months <i>5</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>W</i>	Birth-place <i>Santio Bag</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>S</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Mike Jankas</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Aurilie Kantap</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mike Jankas</i>	How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

Primary <i>Acute Pastos Enteritis</i>	How long <i>1 week</i>
Immediate <i>Parasitosis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William D. Scott M.D.</i>
	Address <i>Santio Bag a.a. Co. Md.</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER

1





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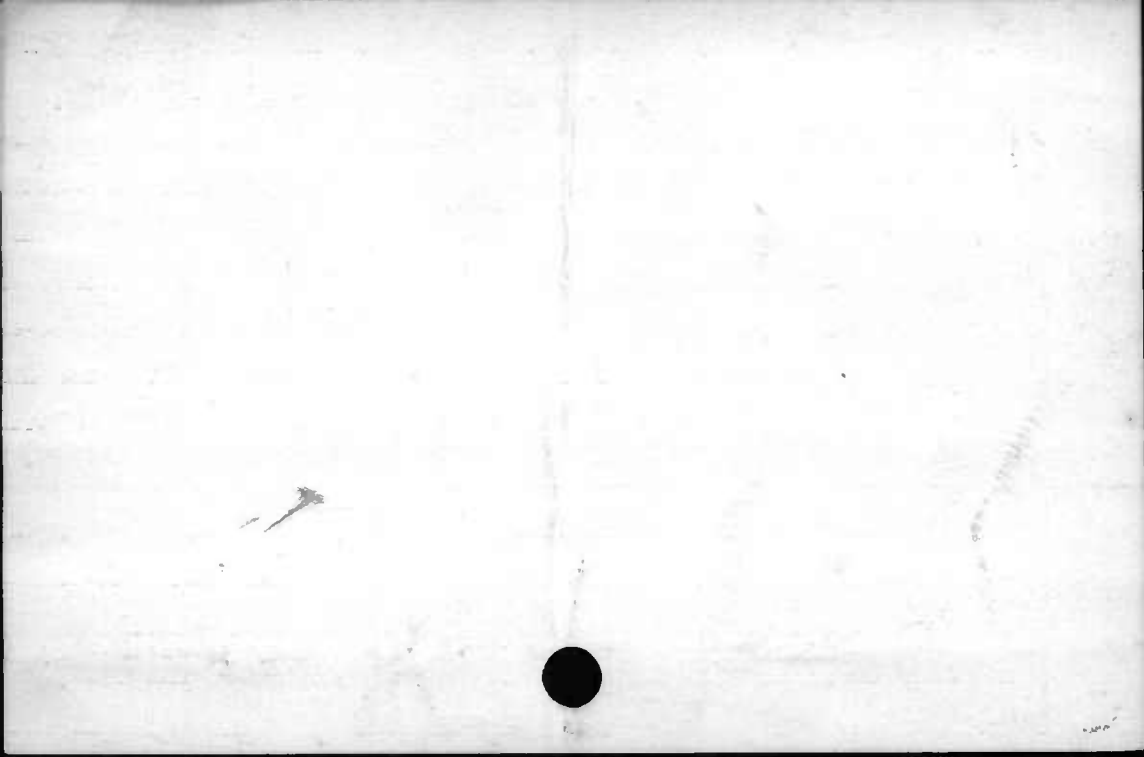
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Armingers</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>Sep</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <i>23</i> <small>Years (about)</small>	<i>-</i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>white Italian</i>	Birth-place <i>Italy</i>		<i>-</i> <small>Days</small>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>929 Eastern Avenue Baltimore Md</i>				
<del>Married</del> <i>Single</i>	Name of Wife or Husband <i>Not Married</i>				
Father's Name <i>-</i>	<i>Don't know</i>		Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>	<i>Don't know</i>		Mother's Birthplace <i>-</i>		
Name of person giving information <i>Fredrick Effering</i>	<i>172</i>		How related to deceased <i>No relation</i>		

CAUSES OF DEATH

PHYSICIAN  
OF CORONER

Primary <i>Accidental Drowning (while bathing)</i>	How long <i>-</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes, as far as I can learn</i>	Signature of Physician <i>Melville S. Doulap Jr.</i>
Address <i>Armingers P.O. 222 E. Ave</i>	
Accident or Suicide? <i>Accident</i>	



Name  
in  
Full

Henry McLane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> near Harman <sup>County</sup> Anne Arundel

MARYLAND

Date of death 1906 Sept -

Day 4

Age 60 Years

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Unknown

Occupation  
LabourerWhere Residing if not  
at place of deathMarried, Single  
or WidowedWife or  
HusbandFather's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

John Shields Drilling

How related  
to deceased

Friend

## CAUSES OF DEATH

99

PHYSICIAN  
OR CORONER

Primary

Bronchial Asthma

How long

Unknown

Immediate

Hemorrhage from the lungs Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

C R Winterison

Address

Hanover

Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A.A.</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept.</i>		Day <i>22</i>		Age <i>Years</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis Md.</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		—	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Annapolis Md.</i>		Mother's Birthplace <i>.. ..</i>	
Father's Name <i>John Parkinson</i>		Mother's Maiden Name <i>Rose Seintchum</i>		Name of person giving information <i>John Parkinson</i>		How related to deceased <i>Brother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>		How long <i>—</i>	
Immediate <i>Still Born</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. S. Welch H.O.</i>	
<i>Yes</i>		Address <i>Annapolis</i>	
Accident or Suicide?		—	



Name In Full *Louisa Patterson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

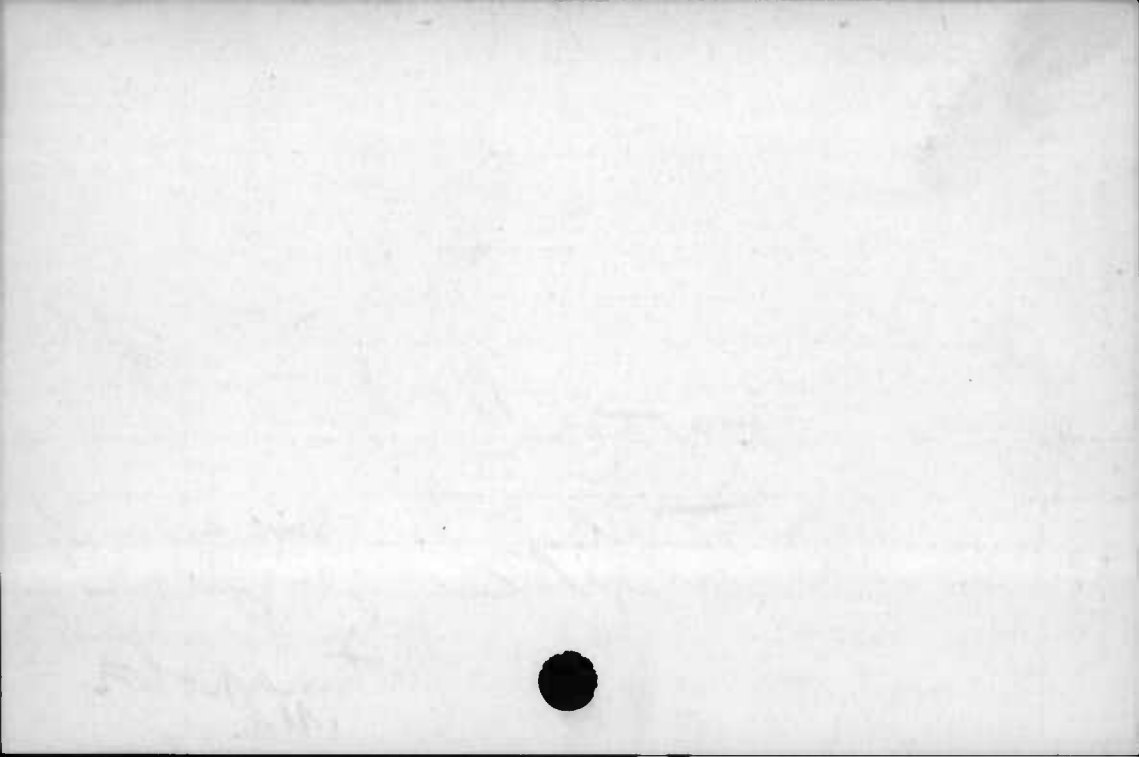
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND		
Date of death	1906	Month <i>Sept</i>	Day <i>20<sup>th</sup></i>	Age <i>54</i>	Months <i>4</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Anne Arundel</i>			
Occupation <i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband				
Father's Name <i>John Patterson</i>		Father's Birthplace <i>A. A. Co.</i>				
Mother's Maiden Name <i>Ann Kent</i>		Mother's Birthplace " " "				
Name of person giving information <i>Emma Kenney</i>		How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary <i>Cancer of the Stomach</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	

1





Name is Full		Elizabeth Pinkney				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Annapolis					
Date of death		1906	Month	Day	Age	Months	Days
		Sept	15	15		2	
Sex		female		Color or Race		Leather	
Occupation				Where Residing If not at place of death		60 W. Bay St	
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Charles Pinkney		Father's Birthplace		Annapolis	
Mother's Maiden Name		Mary F. Parker		Mother's Birthplace		C C C C	
Name of person giving information		Mother		How related to deceased		C C C C	
CAUSES OF DEATH							
Primary		Marasmus		(151)		How long Since Birth	
Immediate		Exhaustion				How long Gradual	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John Ridout M.D.	
				Address		Annapolis Md	
Accident or Suicide?							



Name  
in  
Full

Annie Queen

## CERTIFICATE OF DEATH

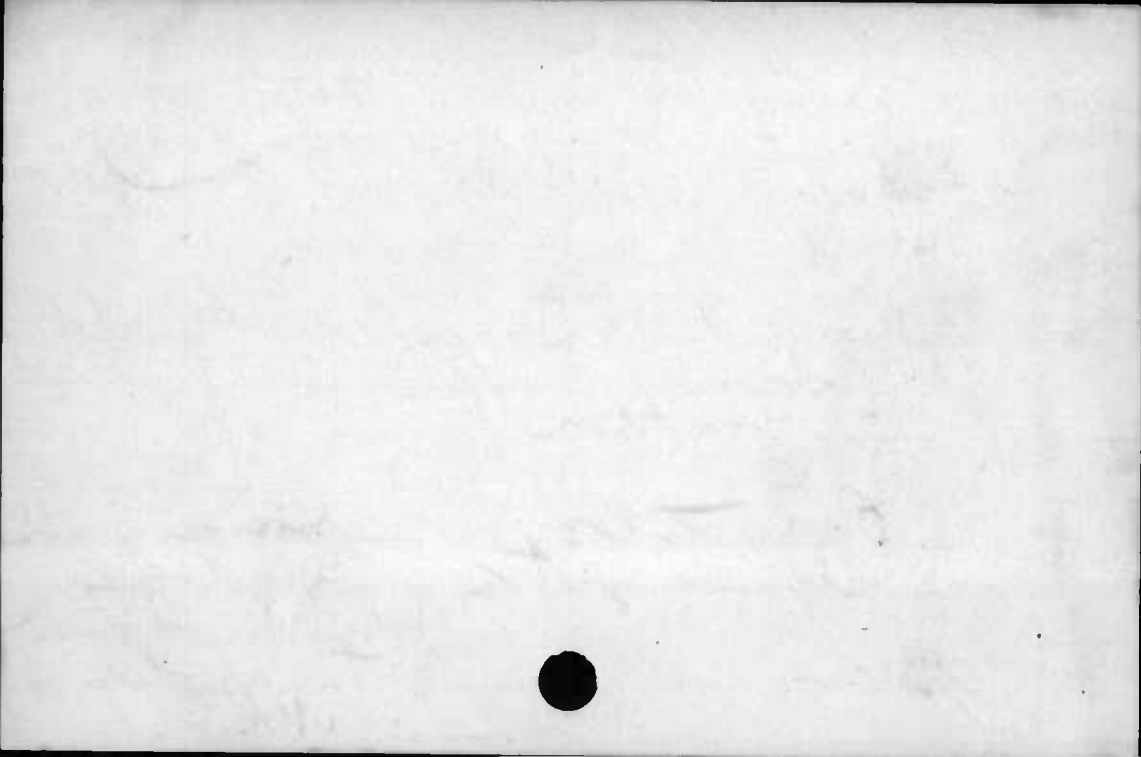
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept	20th	5			
Sex	Female	Color or Race	Colored	Birthplace		Annapolis	
Occupation	Child -			Where Residing If not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Hagner & Queen				Father's Birthplace	
Mother's Maiden Name		Lavinia Griffin				Mother's Birthplace	
Name of person giving information		Father				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	Several weeks
Immediate	Menigitis	How long	5 or 6 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ridout
		Address	Annapolis Md
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Annapolis</u> County		MARYLAND	
Date of death	1906	Month	Sept	Day	
Sex	Male	Color or Race	Colored	Age	1
Occupation		Birthplace	54 N West St	Months	
		Where Residing if not at place of death	54 N West St	Days	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Henry Scott	Father's Birthplace	A.A. Co.		
Mother's Maiden Name	Matilda Lauder	Mother's Birthplace	Annapolis		
Name of person giving information	Charles Ferry	How related to deceased	Friend		

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?

Signature of Physician

Address

How long

How long

Since Birth  
Gradual  
John Ridout M.D.  
Annapolis  
Md

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bertha Stevens

## CERTIFICATE OF DEATH

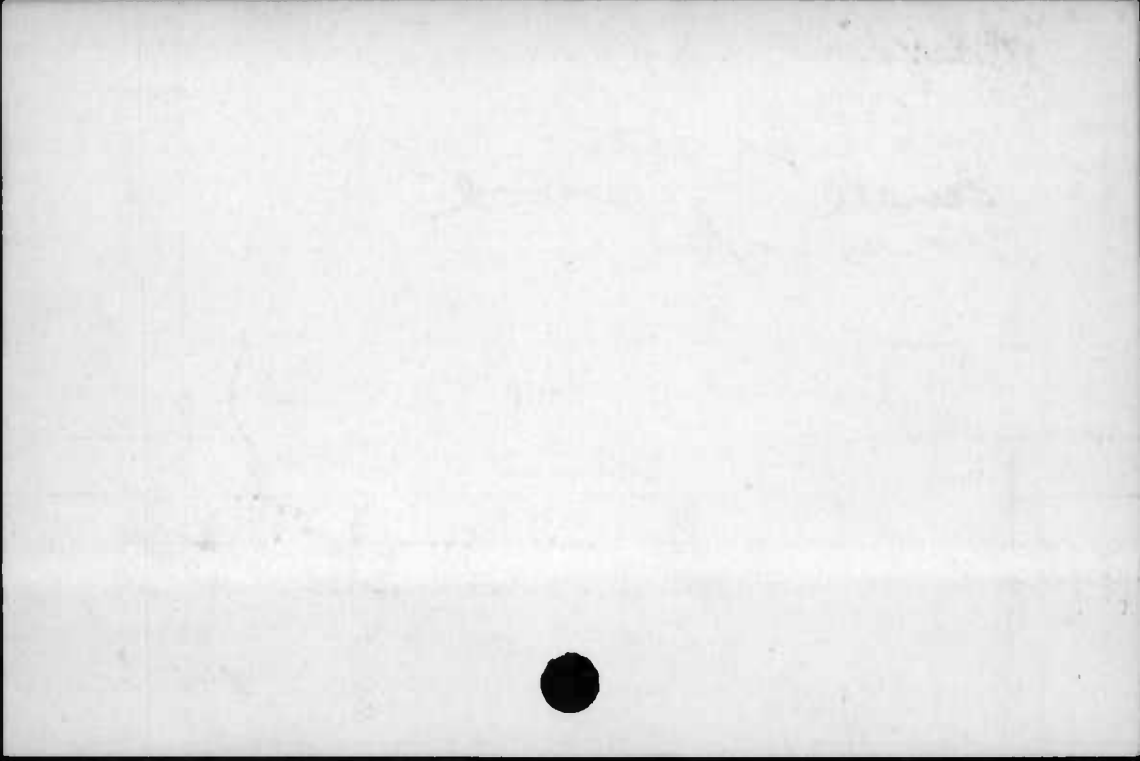
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1906</u>		Month <u>Sept</u>	Day <u>25</u>	Age <u>17</u> Years	Months <u>8</u> Days <u>—</u>
Sex <u>Female</u>		Color or Race <u>Col</u>		Birth-place <u>Washington D.C.</u>	
Occupation <u>House Girl</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Chas Stevens</u>		Father's Birthplace <u>Dorchester Co</u>			
Mother's Maiden Name <u>Rachel Watkins</u>		Mother's Birthplace <u>D.A. Co</u>			
Name of person giving information <u>Chas Stevens</u>		How related to deceased <u>Aunt</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary	<u>Tuberculosis</u>	How long	<u>One year</u>
Immediate	<u>Exhaustion</u>	How long	<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>John Ridout M.D.</u>	
		Address <u>Annapolis Md</u>	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

James Stansbury

Town

County

MARYLAND

Died at Sumner Bridge Ark Annapolis

Date of death 1906 Month Sept Day 28 Age 3 Years Months Days

Sex Male Color or Race Colored Birth-place Adco

Occupation Laborer Where Residing if not at place of death Walling Hill

Married, Single or Widowed Married Name of Wife or Husband Mamie Stansbury

Father's Name Don't know Father's Birthplace Adco

Mother's Maiden Name "Bledans" Mother's Birthplace South Carolina

Name of person giving information Bledans How related to deceased friend

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary How long  
Immediate drowned 172 How long

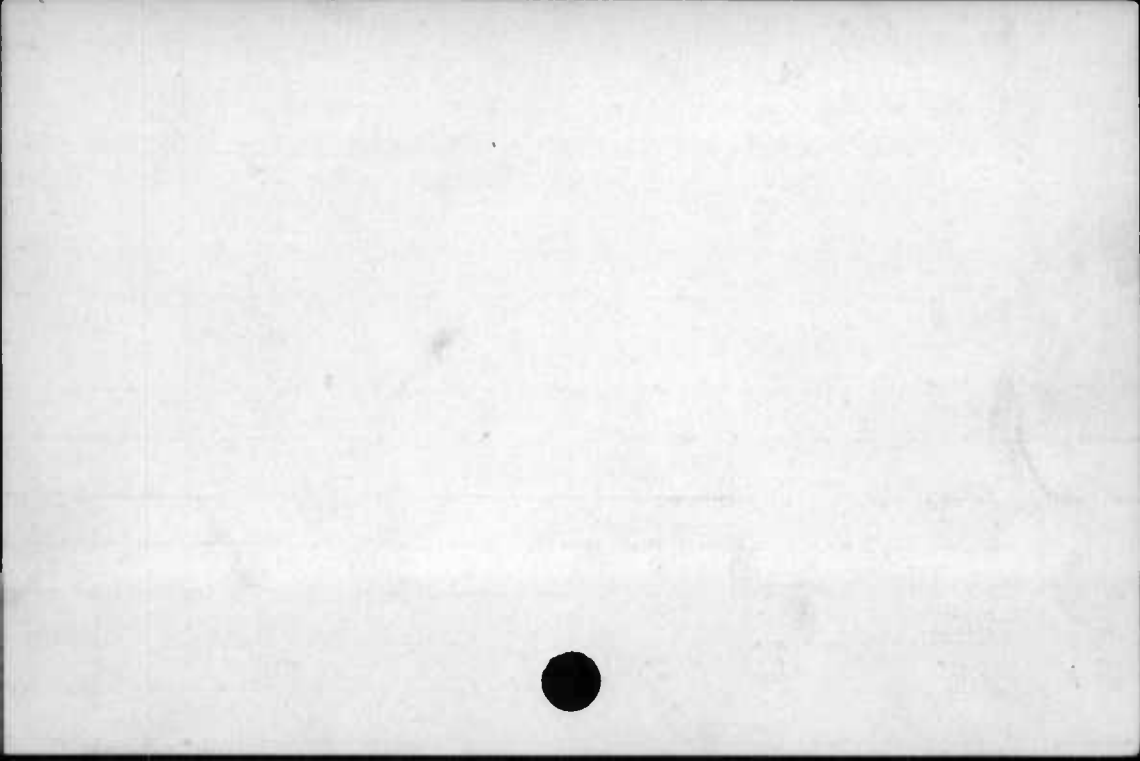
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John H. Davis

Address Colonel Annapolis Md

Accident or suicide by sound

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death

1906

Sept

18th

Age

18

Sex

Female

Color or  
Race

Colored

Birth-  
place

Occupation

House work

Where Residing if not  
at place of death

A. A. Co.

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Richard Thomas

Father's  
Birthplace

A. A. Co.

Mother's  
Maiden Name

Sidonia Parker

Mother's  
Birthplace

A. A. Co.

Name of person giving  
information

Mother

How related  
to deceased

## CAUSES OF DEATH

Primary

Acute Nephritis

How long

Several weeks

Immediate

Memoria

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

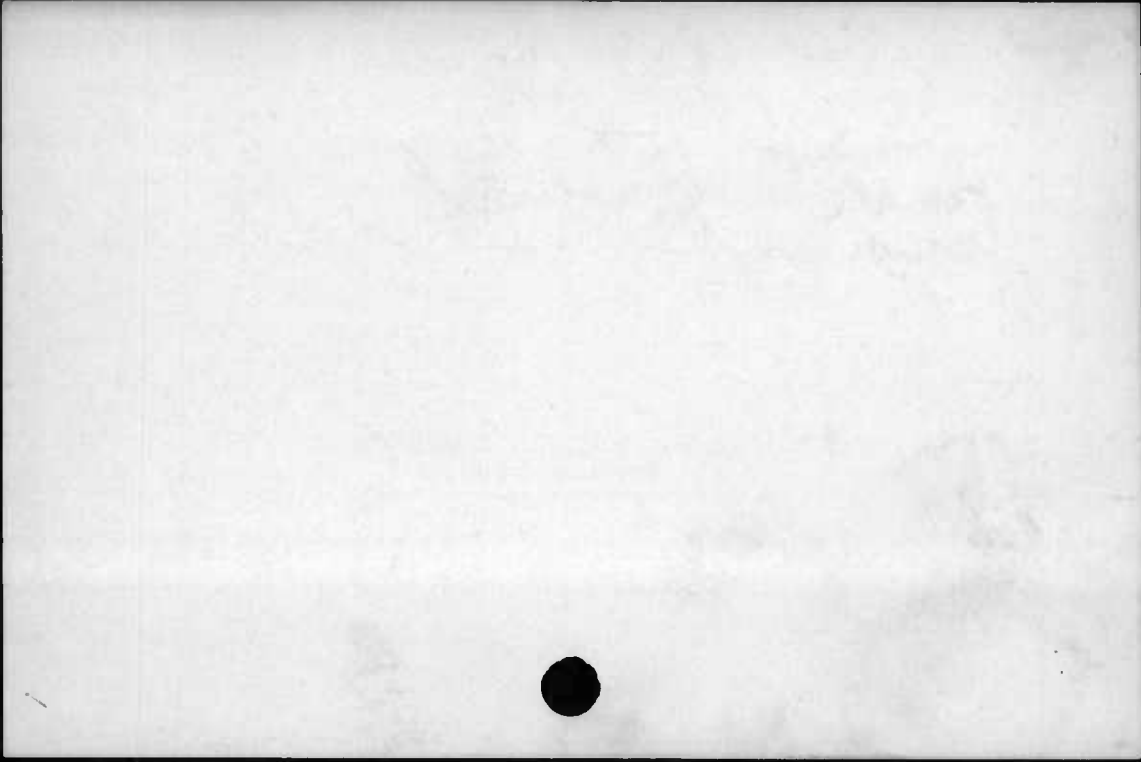
Signature of  
Physician

Address

John Ridout, M.D.  
Annapolis, Md.

Accident or Suicide?

PHYSICIAN  
OR  
CORONER



Name  
in  
Full

Wm Thomas

## CERTIFICATE OF DEATH

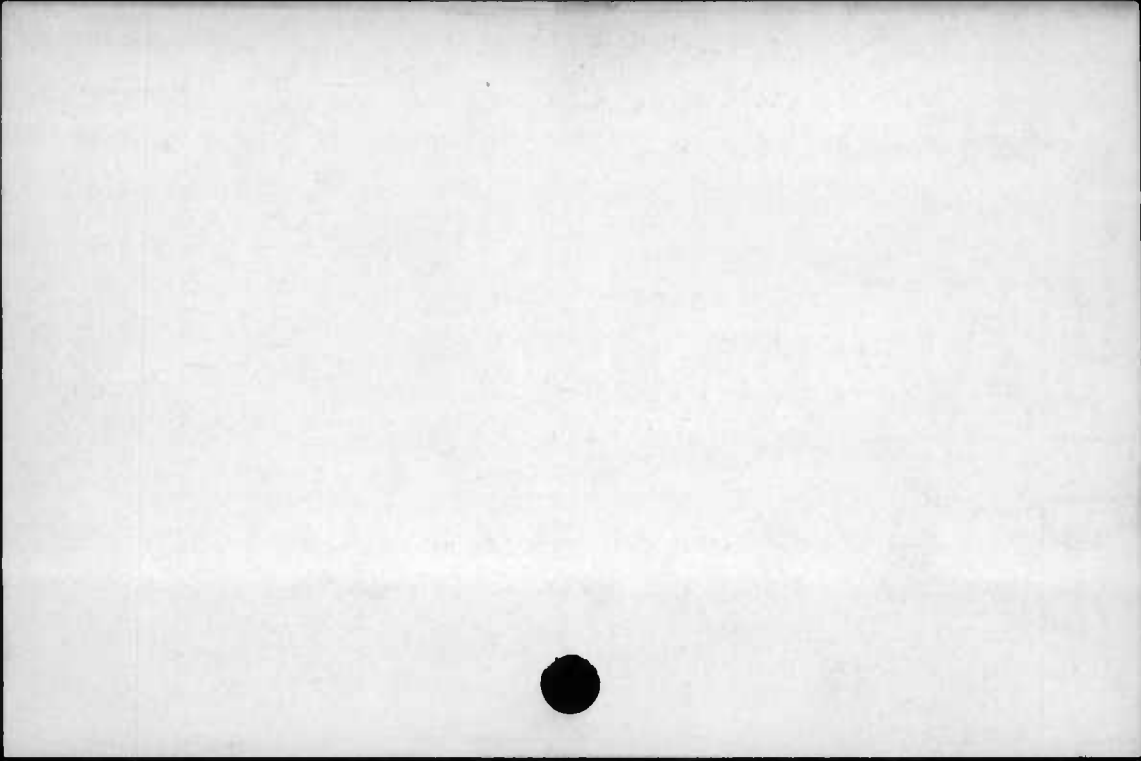
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis Neck</i>		Town <i>Annapolis Neck</i>		County <i>Ad</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>23rd</i>	Age	Years	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Thomas Thomas</i>				Father's Birthplace <i>Ad Co</i>			
Mother's Maiden Name <i>Margaret Ball</i>				Mother's Birthplace <i>Ad Co</i>			
Name of person giving information <i>Father</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Since birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Bidontell</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			



Name  
in  
Full

Susanna Thompson

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Churchton

County A. A.

Date of death 1906

Month Sept

Day 19

Age

Years —

Months 9

Days —

Sex

Female

Color or Race

Colored

Birth-place

Ind.

Occupation

none

Where Residing if not at place of death

—

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

Theophilus Thompson

Father's Birthplace

Ind

Mother's Maiden Name

Alice Brown

Mother's Birthplace

Ind

Name of person giving information

Theophilus Thompson

How related to deceased

Father

## CAUSES OF DEATH

Primary

Spasms

How long

One day

Immediate

Spasms

How long

One day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. G. Ellzey

Address

Churchton Ind

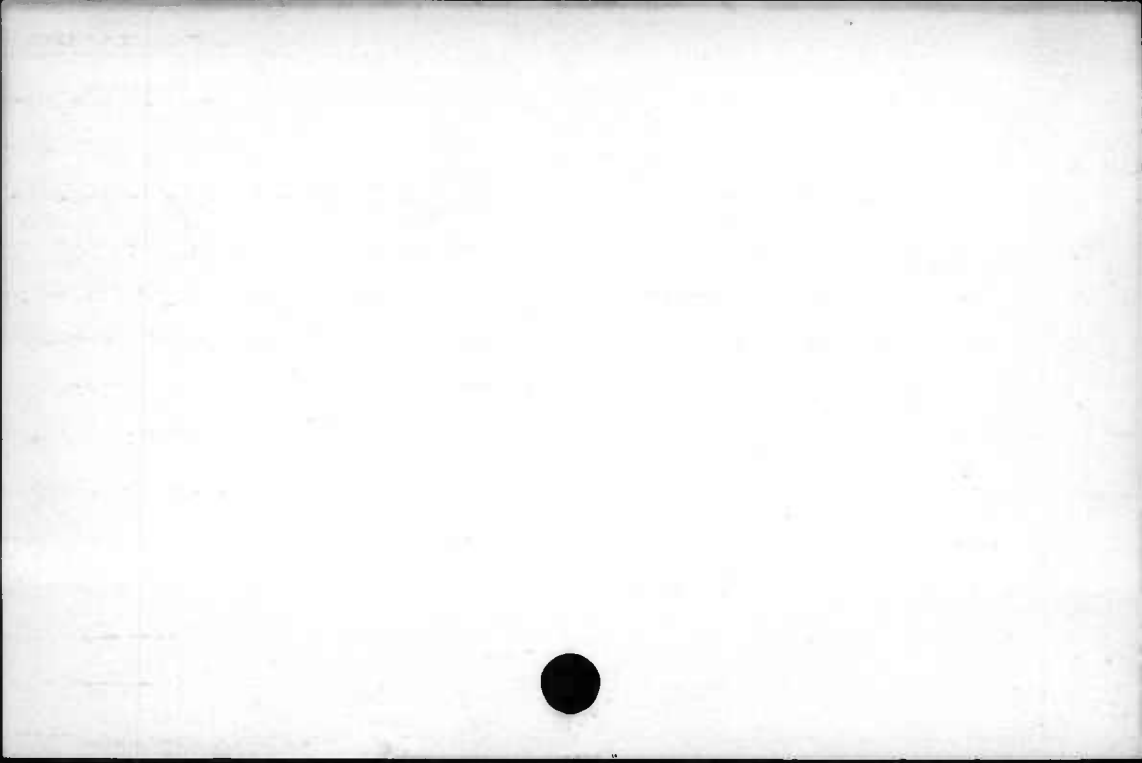
Accident or Suicide?

—

Per J

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1





Name  
In  
Full

Samuel Tolson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>3rd District</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>30</i>	Age <i>56</i>	Years <i>56</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>_____</i>		
Occupation <i>Waterman</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hester Tolson</i>				
Father's Name <i>Joseph Tolson</i>	Father's Birthplace <i>A.A. Co</i>				
Mother's Maiden Name <i>_____</i>	Mother's Birthplace <i>_____</i>				
Name of person giving information <i>Walter Shreve</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

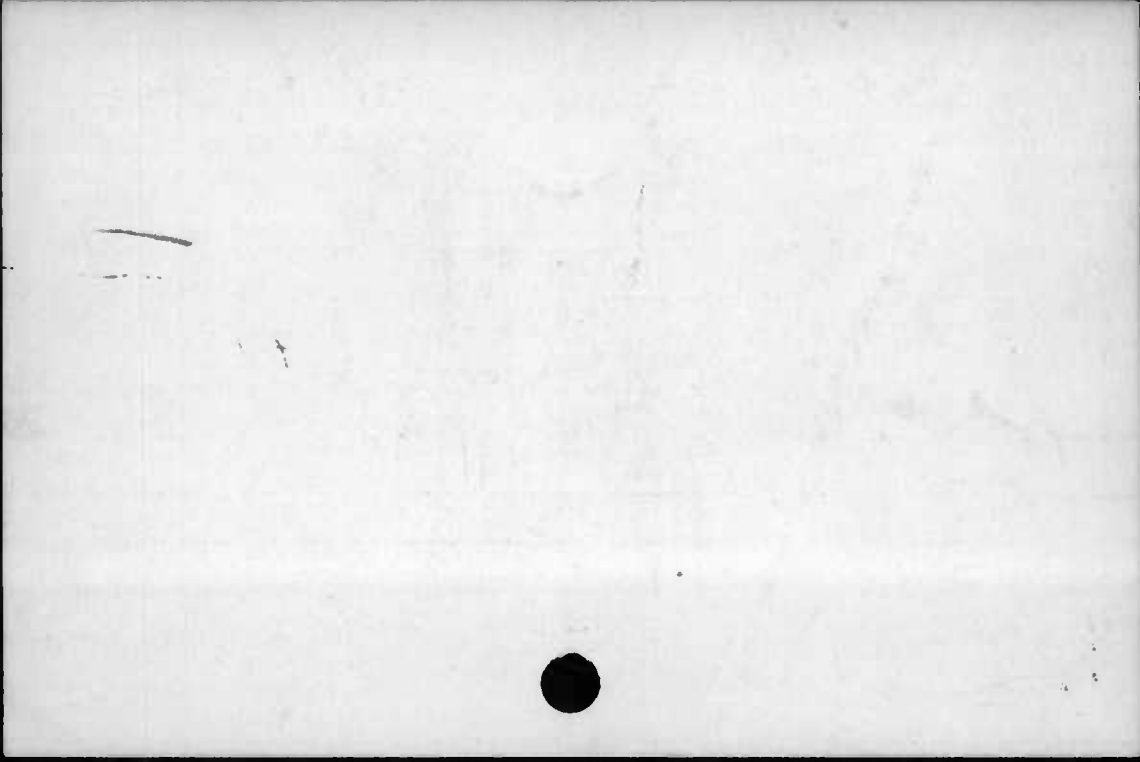
How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?



Name  
In  
Full

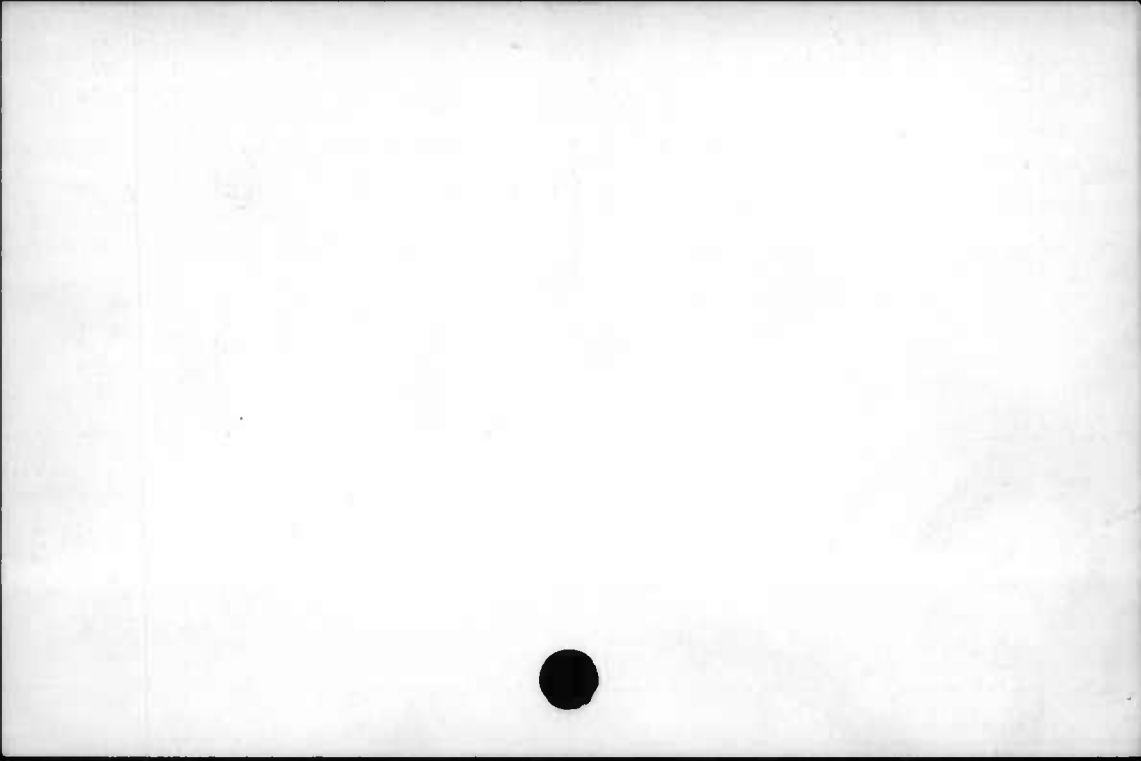
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>John Gennie Towser</i>		Town <i>2nd dist -</i>		County <i>Aa</i>		MARYLAND	
Died at <i>2nd dist -</i>		Date of death <i>1906 Sept.</i>		Day <i>2</i>		Age Years <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>2nd dist. A. A. Co.</i>		Months <i>4</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Frank Towser</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Francis Boyda</i>		Mother's Birthplace <i>"</i>		Name of person giving Information <i>Frank Towser</i>		How related to deceased <i>Brother</i>	

## CAUSES OF DEATH

PHYSICIAN CORONER <i>10</i>	Primary <i>Mal assimilation</i>	How long <i>Since birth.</i>
	Immediate <i>Enteric - colitis</i>	How long <i>Free war for</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Thompson M.D.</i>
	Address <i>Annapolis</i>	<i>Med.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

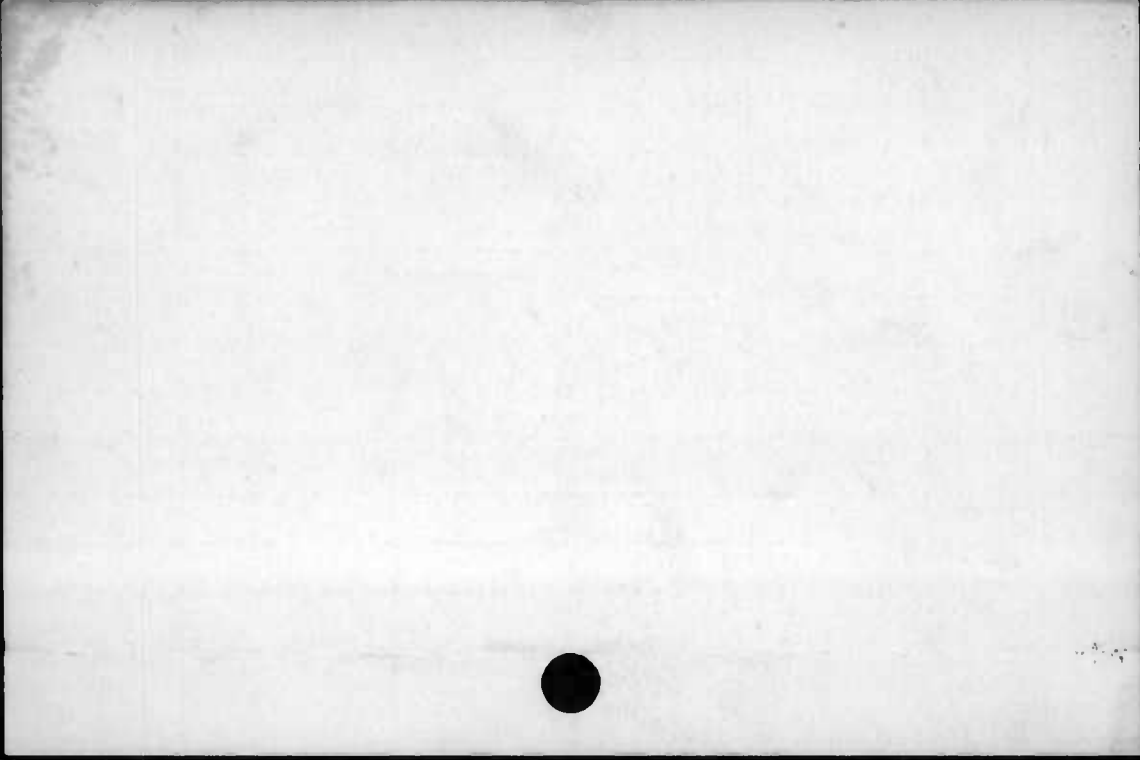
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lake Shore P.O.</i>		Town <i>Lake Shore P.O.</i>		County <i>Anne Arundel</i>		MARYLAND					
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>10</i>		Age <i>20 yrs</i>		Months <i>8 months</i>		Days <i>16 days</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>							
Occupation <i>House wife</i>				Where Residing if not at place of death <i>_____</i>							
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>_____</i>							
Father's Name <i>Chas H. Way</i>				Father's Birthplace <i>New York</i>							
Mother's Maiden Name <i>Elizabeth Hill</i>				Mother's Birthplace <i>Maryland</i>							
Name of person giving information <i>Frank Eberhart</i>				How related to deceased <i>Friend</i>							

## CAUSES OF DEATH

Primary	<i>Acute Salpingitis</i>	How long	<i>One week.</i>
Immediate	<i>Peritonitis</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James S. Beltinger</i>	
<i>Yes -</i>		Address <i>Armiger</i>	
Accident or Suicide?		<i>Nil.</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sol. A Wheeler*

Town

County

MARYLAND

Died at

*Annapolis*

*aa*

Date

Month

Day

Age

Years

Months

Days

of death *1906 Sept 6*

*6*

*1*

*2*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*Oscar C Wheeler*

Father's  
Birthplace

*A. A. Co. Ind*

Mother's  
Maiden Name

*Annie La. Holland.*

Mother's  
Birthplace

*Annapolis Ind*

Name of person giving  
In formation

*Oscar C Wheeler*

How related  
to deceased

*Brother*

CAUSES OF DEATH

Primary

*Marasmus*

How long

*1 month*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*Wm. J. Welch*

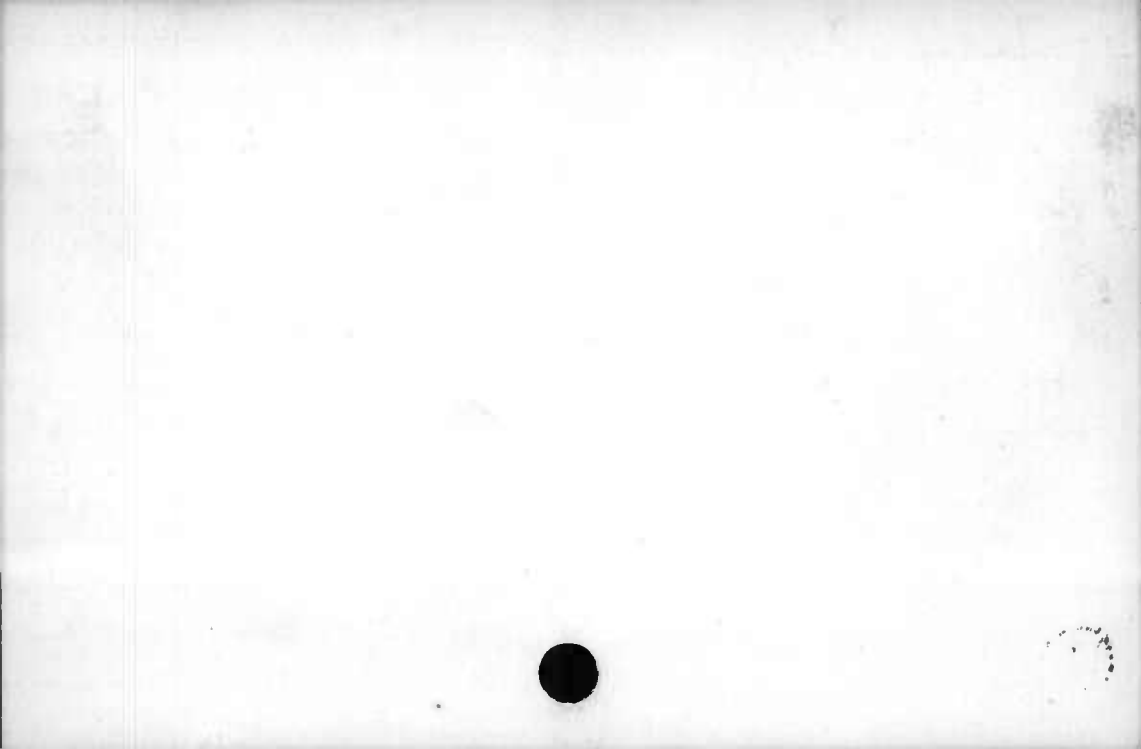
Address

*Annapolis Ind*

Accident or Suicide?

*—*

PHYSICIAN  
OR CORONER





Name  
In  
Full

Susan White

## CERTIFICATE OF DEATH

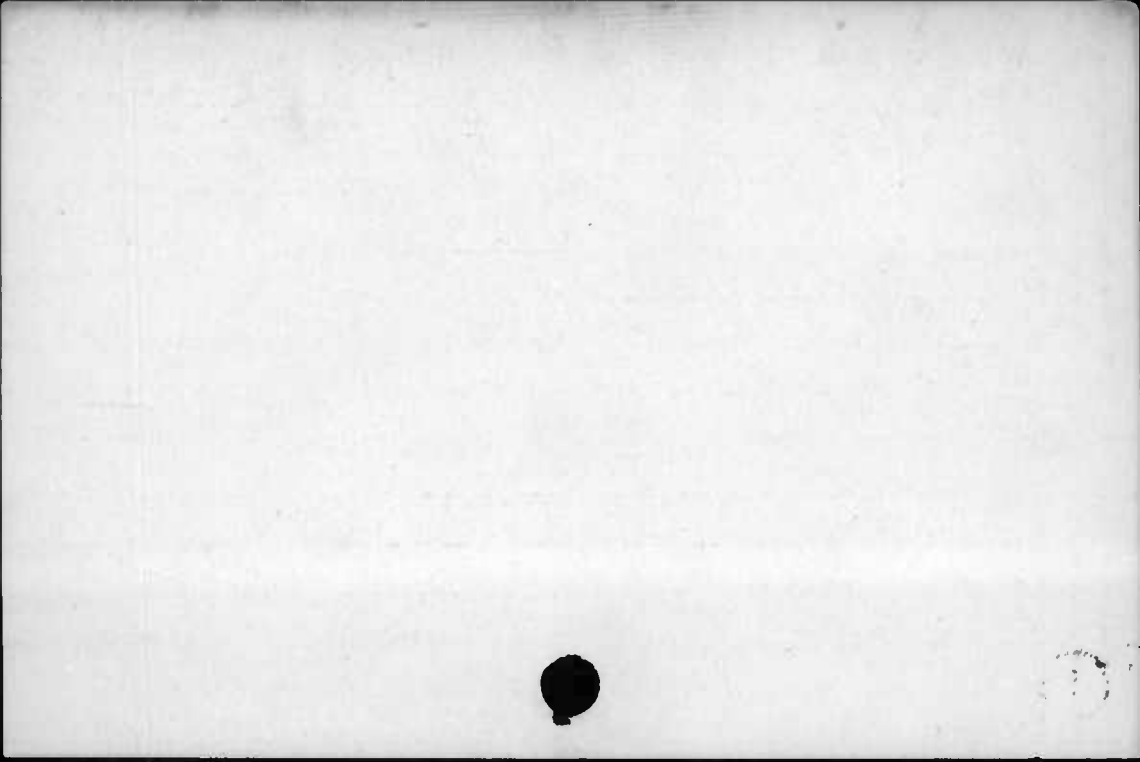
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>19</i>		Age <i>62</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Annapolis</i>		Months <i>6</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Washington White</i>					
Father's Name <i>Edward Holliday</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Susan Wilson</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Washington White</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

Primary <i>Apoplexy</i>	(64)	How long <i>11 days</i>
Immediate <i>Hemorrhages</i>		How long <i>5 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo Wells M.D.</i>	
	Address <i>Annapolis</i>	
Accident or Suicide?		<i>mdy</i>

PHYSICIAN  
OR  
CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

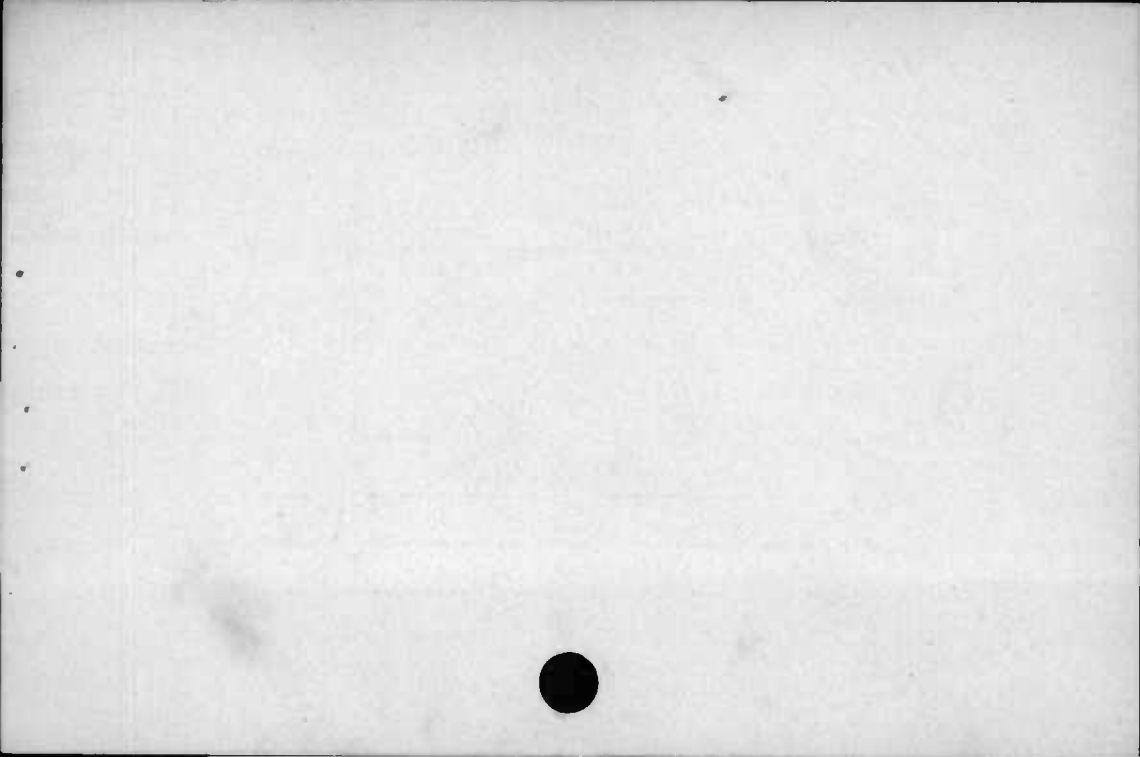
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fairfield</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Sept.</i> <sup>Month</sup>	<i>19</i> <sup>Day</sup>	<i>11</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>7</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Yanker</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Louisa Maag</i>		Mother's Birthplace <i>Switzerland</i>			
Name of person giving Information <i>Joseph Yanker</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
CORONER

Primary <i>Diphtheria</i>	<i>(9)</i>	How long <i>to my knowledge less than 1 day</i>
Immediate <i>Asphyxiation</i>		How long <i>then</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert P. Scheidt M.D.</i>	Address <i>1318 S. Charles St. Baltimore Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Agnes Ziobron* Town *Curly Bay* County *Ad*Date of death *1906* Month *Sept* Day *10* Age *11* Years Months DaysSex *Female* Color or Race *White* Birth-place *Ever Brook*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Joseph Ziobron*Father's Birthplace *Poleman*Mother's Maiden Name *Catherine*Mother's Birthplace *"*Name of person giving information *Arthur*How related to deceased *Arthur*

## CAUSES OF DEATH

Primary

*Immune Deficiency* *105* How long *4 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Arthur Ziobron*  
*Ever Brook*  
*Ad*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER  
①

Holy Rosary Cenu

Balta Co

Order of the Lakes J Fielkowske